

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			5/16/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MD	579	5/16/01
RESPONSE FORMALITY REVIEW	Zm	927	05/29/01

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	4/14/03
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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